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AUCD

CDC VACCINE COORDINATION CALL

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>> SARAH: I see people are starting to roll in. I think I'm going to start off by saying this is fairly, going to be a fairly informal conversation. Thank you for joining us. We are hosting this conversation with network conversation at the request of a handful of network members that reached out the UCEDD. I would love to have a chance to connect, explore opportunities to partner across UCEDD,

Either across regions or across similarly situated UCEDDs. So I'm going to start by mentioning a few things.

We do have captioning on the call today. I think everyone is aware how to access that at the bottom of your screen in your Zoom tool bar.

The fairly loose agenda that we have for today's discussion is number one, I'm going start off by just sharing the most recent information that we've had from ACL

about if funding opportunity to make sure everybody is on the same page and has access to the information since it's been disseminated through Grant Solutions, to the UCEDD director which includes associate directors and others.

And then to a list of directors so we want to make sure that everyone has everything.

I'm going to share my screen very briefly. We've been dropping the information that we have been getting at AUCD on to an event landing page for today's conversation as a repository.

Where the most recent information is. So we have on here, the instructions on how to apply. The federal notice of funding opportunity. And the application kit which should have been disseminated to the network. And then most recently the FAQ document which should answer a number of questions that came into us.

About the funding opportunity. It also links to the -- it also includes an update that we received yesterday from ACL clarifying that the due date is April 21st.

I think something we want out that said April 23rd. But no, it is in fact Wednesday, April 21st to receive the CDC funding. And Pam wanted know share that her contact information is on here. She is the best person to reach out to. I think Sean is going to be on vacation next week.

So if Sean is your project officer, Pam's contact information is there as well, so you can reach out to her in lieu of contacting Sean. Probably best to CC him to make sure he's in the loop.

I wanted to flag a couple of items on here that we received many requests about this document it is official federal guidance that should be useful.

To your business offices or offices with sponsored research that you don't have a match requirement. That the indirect rate is 8% because this is considered a training grant. You can utilize expedited procurement methods for competitive bidding, what would typically be competitive bidding processes, you can circumvent that with expedited methods. Everyone is aware that this is a short timeline. So I just wanted to flag that for people.

As network members are still rolling in. All of this will be disseminated. We are recording today's call. And then we will send out links to these pages and all of the resources that we've been gathering. And follow-up to today. I know you're all working hard to get your applications together.

This is really a space for you to share. Number one, if there are things that you are already working on that you would like collaborators in the network to be aware of or you might be looking for partners at other UCEDDs, this a space to share that. If you have questions about what other people are doing, this is a place to ask them. My thought was that we would save like the last 20 minutes or so of today's conversation time for smaller breakout discussions, if there are people, groups of people who are specifically looking to connect with each other, to actually talk through specific content, related to this, any collaborations that might develop out of this. If you would like to request a breakout room on a specific topic, put that in the chat. And Jamie will be setting up breakout rooms for people that we will launch at about 1:40 to give people some time to connect with each other and start some conversations about collaboration. That was my overall plan for today's conversation. So that being said, I'm going to open the floor up. We had a couple of people, let me pull up the list of, I think there were some questions that came in on the survey monkey specifically about DD Network collaborations, how are people managing that? What types of projects are you working on with your DD Network partners because that's part of the assurances? So I'm going to pose that question to the group because it came in on survey monkey. If anyone is actively working with any of your DD Network Partner, we would love to hear about how you went about that and what the content of that collaboration is.

>> Yeah, in South Carolina, I reached out to our DD Network Partners plus there's a sell that is a close collaborator in Columbia that has a lot going on as well. We had a meeting on Monday. And have been brainstorming, you know, how we can best collaborate to make it a unified effort. And we have a couple of ideas, you know, that we're working on. And one of the interesting pieces is that there's time -- I mean, we have to get the request in quickly. But they give us time to implement it. And we'll probably collaborate with the health wing that's associated with the University of South Carolina as well related to one possibility is mobile vaccination clinics. Specifically targeted to rural hard-to-serve areas. And we got the cost -- I was able to get the cost estimate of that from what used to be USC School of Med. That's one of the things we're looking at.

The other thing we're looking at is education information part. We're hearing from our DD information shortly, they have been doing a survey to see where the greatest need is. We have been hearing there's resistance or perhaps reluctance of a staff member to get vaccine based on fear. So we're working on it. And we look forward to seeing how we can do this well.

>> I can add in Texas, we did have similar kind of brainstorming meeting with the DD Partners. So the two UCEDD, the Texas disability rights and the disability DD Council, and so we're talking about broadening that out to other disability partners that may not be getting these funds but would want to have a say in like the cells and other organizations. There's some general ideas they came up with that we want to be able to collect some good data about where the need is and where there are unserved communities. But I think a biggest part, by the way David of the mobile vaccinations, so that's a good idea to think about. But the biggest thing we talked about was having sort of navigators, you know, residing with one of the DD Partners that would be able to help people with all the different step, whatever it is that they need, if they transportation, if they need to identify where to get their -- where to sign up, whatever stage they're at to help with that. And we're just, you know, starting -- those are sort of two components that we will probably do. Oh, and I wanted to mention, I don't know if you know, Sarah, so yeah, we had to submit our budget through OSP already. Right? Through our office of sponsored programs so that they could get this date. Sop then I had a meeting yesterday with the DD Partners and what we're going to do as the UCEDD is completely different than what I wrote in that. Is that okay? I mean -- because we have -- with what the team want, we can't just like --

>> SARAH: Yes, I think we've heard from ACL that modifications will be available after you submit because they understand that the turn-around is very quick. So if you need to make modifications to the budget, that will be available after you submit your materials.

>> This is Derek. In the State of Iowa, I'm the UCEDD Director in state of Iowa. And we are doing the same thing, partnering with DD Council, partnering with P&A. They got significantly less than we did, but I think together we will have quite a bit to do some neat things. We haven't reached out to our seals or our ADRCs yet. But we're talking the same things that David was talking about, a mobile outreach, reaching out to rural communities, but we also want to put a spin on that to make sure that we're reaching out to underserved and underrepresented populations. So we're going to start trying to identify some kind of promoters or stakeholders that could that have some credibility in some of those communities and target some of our efforts towards those who, from what we hear, are resistant to vaccinations. And we're talk about putting together some PSAs and some videos that we would accompany all of that as well. So that's where we are.

>> Hi, this is Kate, somebody else going? Hi, this is Kate. I work with Sally at the Institute on Disabilities in Pennsylvania at Temple University. And I thought it would be good for us to go after Derek listening to what you said, Derek, so we had our first meeting yesterday with the DD Council and the P&A and a couple -- we still haven't firmed up ideas so we're in the same situation, like we're all in the brainstorming stage. But a couple of things that we have been talking about. Each of the three partners have some relationship with the Department of Aging. So we're really looking at how are we making connects with the different agencies. And that it could be an accelerator for us because we could use some of their channels for communications. And we talked about similar thing, connecting with other groups, looking at video and PSA outreach. But one of the things that we're really focus on is also finding the most vulnerable and hidden communities. So individuals who are homeless, homebound, people who are in centers or not in the service delivery system. So how do we do outreach into non-traditional spaces. And that's one of the questions that we're asking. Thank you.

>> Yeah, this is Alan from Maine. And I wanted to echo what Derek said. We have collaborated with the DD Agency and network and our self-advocacy organizations. But the self-advocates had folks who had gotten vaccines including folks who are hesitant to get it and then got it. So one of the activities we're thinking of doing was shooting videos with those folks. And paying self-advocates to appear on video, you know, assuming that there might be other folks with disabilities who might be hesitant. And then I think our P&A was running pop-up clinics as well. We're all coordinating and my approach was to create a budget that had -- that described all the activities that we might do, figuring that we would revise the budget afterwards to actually what we firmed up. Oh, and then, for reaching out to -- so we have a population of Somalis in Maine and we wanted to make sure that population got reached out to. We didn't put them in this application because we weren't sure howdies ability-focused we would be able to firm up by deadline. So I'm hoping to do that afterwards or alternatively connect with the Health Department or their own from the CDC which would not necessarily disability but, you know, apply to that whole community. Try to coordinate among all the different funding sources to get all marginalized communities’ outreach.

>> This is Amy with Wisconsin. And like many of you, we are partnering with our DD Network Partners. And we have also with them formed a group, a statewide group, mostly focusing on including our Department of Health Services. Which implements long-term care supports for the State. So they have databases of all individuals who are enrolled in one of several long-term care programs. And they also already have existing contracts in place on the local level with managed care organizations and also local small, nonprofit organizations that represent more diverse communities. So we brought together, as a team effort, bringing together all of these partners. And we are looking at who is doing what. Is there anyone we're missing? Some groups are going to do outreach. Some groups are going to look at transportation to get people to sites where they can get vaccinated. Other people are going to facilitate in-home vaccinations for people who don't want to leave their home. We're talking about developing, again this would be with the State Department of Health Services, a data-sharing database where we could take everyone who is in the long-term care system and then people who we know are in other parts of the system but might not be in that formally enrolled in the long-term care system and look at if we can combine those two databases. And then really start to track who has been vaccinated and who hasn't and who is falling through the cracks. So it was really exciting. We're going to meet on a regular basis. And everybody is really engaged. And it feels very collaborative, interagency, and statewide.

>> So I think we're starting to hear themes so I will hit on some of those. This is release and I'm in Vanderbilt in Tennessee. I noticed Bruce on the call, if I leave anything out, you jump in. We have met with our networks. And just a couple thing, our P&A particularly is probably I'll say that because this planning is being done as we speak, probably going to focus on the deaf and hard of hearing population. They have heard some really horrific stories from folks who don't have the supports they need in the community, who didn't even realize that vaccine were available. So that's one of the areas they're going to work in. Our council is particularly going to work on PSAs and videos. And they've also had good success with advertising in those small, daily newspapers that exist in rural communities. We literally just received an email this morning about partnering with our AAADs. They don't know how to reach out to people with disabilities. And are wanting our help in doing that. If you've looked at any of the maps on percentage vaccinated and hesitancy, the southeast, I mean about the only way we can go is up. So we're really excited about these partnerships. Bruce, what did I leave out?

>> I think that pretty much covers it. We're also going to focus in Memphis on Communities of Color, particularly African-American and Latino communities here that are underserved.

>> This is sandy from Wyoming. In addition to what you have said, we have working with several units in our Department of Health, rural health, public health nursing, our aging division, and then we don't really have an ADRC or centers on aging, but we have senior centers. So the aging community is going to use their funding, they have significantly more, to provide mini-grants to the senior organizations. To reach out to those communities and then we will try and partner with them for outreach to the IDD community. And then we're actually, you know, as I think you know, we're part of a five-state lend. And thinking about trying to use the LEND students to look at needs and barriers starting in the fall, of course. And then some materials development that's customized.

>> Hi, this is Kelly Roberts from the Institute for Human Development at Northern University. We're going to be working with our vista volunteers. And Ameri Corp members and I think that might be a good reach-out that people haven't considered.

>> This is Rhonda from Oregon Health and Science University. And we're working with our Oregon Health Authority and the Department of Human services to develop some regional and county-level support and training and materials. To really kind of improve accessibility and look at -- we have a pretty good start on vaccination here in the State with some large events, but our rural communities really figuring out how, what the issues are there and how we can get those County Health Departments trained to reach out and ensure that folks are getting, being able to access the vaccines. So the kind of the regional and county-level approach here. But I love the ideas you're sharing about some of the PSAs and that. I'm going to steal some of that.

>> As a former AUCD employee who used to say, technical assistance is sharing seamlessly and stealing shamelessly. So that's what this call is all about. Sharing seamlessly. Kelly has her hand raised. If you want to cue, I will be happy to call out hand raising.

>> Hi, everybody. Kelly from the Institute on Disability in New Hampshire. Congratulations to AUCD on their birthday as well. One thing that we were also talking about, unfortunately we have not been able to get all of our partners in the same room yet. But in chatting with our colleagues at the P&A, one of the things we wanted to preemptively think about was long-term vaccine education and support just with some of the new messaging that we're hearing that boosters are going to likely be a thing. And how do we also think about not only educating for this round of vaccination access but promoting messages, narratives, materials that support kind of long-term, both education access. So you know, first kind of looking at like, Liz, is this too little too late and it depends on where you live. For some of the buckets that they shared but also thinking about some of the long-game stuff, if we're doing this every six months or every year with communities that we care about, does that change kind of the formula of our outreach?

>> SARAH: I see a hand raised from Lydia.

>> Hi, good afternoon. I'm from the Center for Child Development in Miami, Florida. One of the things that we have done is to really empower our self-advocates and exploring their thoughts and barriers. So one of the things that we have really wanted to prioritize is making really sensory-friendly vaccine sites for some of our clients who have ASD, challenges in waiting in long lines if the vaccine, and also the barriers they're experiencing when they encounter those sites. Sometimes can be challenging. So what we have done is partner with some of our agencies such as our center for autism and related disabilities, in order to find out what are the best ways to support and have the professionals there. Not just medical professionals but some to support with behavioral and emotional support professional there to help in just the distribution of the vaccine but also supporting our clients. And someone mentioned earlier about intersecting identities. It's true where we live, geographically in Miami-Dade County, we have a lot of clients who are Black, Latino, Haitian, African-American, immigrant communities so knowing that we don't just have one disability identity but other social identities and being responsive to them as well in identifying their challenges and their thoughts on receiving the vaccine. Those are some of our efforts. Thank you.

>> SARAH: I see good discussion happening in the chat. Some people reaffirming the need for outreach to the deaf and hard of hearings. And appreciating recommendations for outreach to vista. And appreciating Kelly's commentary about the need to think long-term. Derek Willis asks, is anyone coordinating efforts, services and supports with their county public health centers? Looks like Oregon is doing that. Rhonda. Mark is agreeing that language challenges is also something they're looking at. Non-English speakers. Philadelphia has some protocols they're implementing in partnership with the city and county. That are different from the rest of the State. Wisconsin is also working with their Department of Health.

Great conversation going on in the chat. We are taking some light notes and we'll send around a recording as well.

Maine is planning on supplying gift cards to people with disabilities and VSPs to incentivize vaccination. That's a strategy to address hesitancy. I definitely have heard a number of themes rising. Wondering if people want to -- are you interested in breakout groups or we've had a really great discussion, we're continuing to have a good discussion. Does anyone want to unmute or raise their hand? About different partnerships in addition to the DD Partners. Or activities that have yet to be mentioned.

>> I can say something quickly. Hi, everyone, I'm Laura. I'm actually a LEND director just standing in from Rochester. So I am not going to give you a summary of everything we have done because I wouldn't do it well. But I can tell that you we're doing a lot of the same things. I think our group is going to focus on the Latinx community, potentially the deaf community, and also children. And one of the barriers to accessibility that we've been thinking about, just from a different standpoint is things like needle phobia and how that may become a barrier for people bringing their kids in and how best to address some like needle phobia and difficulties getting children masked as potential barriers for vaccinations especially because we don't know what will happen with the Johnson & Johnson vaccine. And kids might have to be vaccinated a number of times. So I just wanted to share that.

>> SARAH: Thank you, Laura. And everyone is welcome. I see Joann's got her hand raised.

>> I just wanted to mention, our partners within New York State are working really well together. In fact, we just had a meeting prior to this one. And we're working with a protection and advocacy agency as well as the DDBC but one of the things that we really are having quite a lot of concerns around the vaccination effort for staff, what's happening within our state is those individuals with IDD living in congregate settings, there's a high rate of vaccinations. But what we're seeing is that the direct support staff and other staff members are much more hesitant in terms of getting vaccines. So we will be out, we will be doing outreach to them as well. And I think what we're also trying to do is develop partnerships with provider agencies so that we're trying to break down barriers in terms of this is a crisis. And basically all hands on-deck. And we really need to work with everyone. So we're developing a lot of partnerships and people from various agencies and our care coordinating agencies are asking for assistance in terms of education and technical assistance. But I think major block in terms of particularly those from Black and African-American communities and Latino community there, is a lot of -- there's a lot of concern within the community too. We're trying to work with leaders within those communities to address some of the cultural concerns. There are really some valid cultural concerns that we're seeing. And because we're covering all of New York State, we have joined with the office for new Americans, and we will be working with them as well and reaching hard-to-reach populations.

>> SARAH: Thank you, Joann.

>> Mm-hmm.

>> SARAH: I'm seeing a number of other chats that have come in. I don't see any hands raised. But if you would like to be called on or you can just unmute yourself. In the meantime, I'll read some of the chats out. The child -- looks like Maryland is writing in a child life specialist into the budge tote address children and young adults with disabilities who are V a fear of needles also. Amy from Wisconsin, the direct support staff in Wisconsin are target for them because of the vaccination rates being so low. And similarly, in southern California, Larry shares the same concern about direct support staff being sectionally hesitant as well as in Pennsylvania. And Tennessee. Definitely some themes around that. I think Jamie is going -- I wanted to pull the -- poll the group really quickly. If you would rather, seems like we're having a great discussion, lots of good ideas. Happy to continue that discussion if you would rather stay in the whole group. Or if you would like to set up breakout group, I'm seeing some themes both around the audiences that people are trying to outreach to as far as like rural communities, non-English speaking communities, DSPs. I'm also seeing some themes around the activities and maybe it's the hat I wear, but I'm thinking of the core functions. I'm hearing people saying they're work on clinical work and others saying, I'm trying to think more about information dissemination. Others saying trying to do some research with the data base kind of syncing up the databases with track numbers and evaluate the effectiveness of outreach. Those are the two topics I perceived as clusters in the earlier discussions. So I'm going to launch a quick poll and see where people are at so Jamie can set up breakout rooms if that's where the group wants to go. But feel free to continue to share either verbally or in the chat during this.

Got about two-thirds of the room responding. I know some people may be multitasking. Give it another 10 seconds to see if anyone else wants to respond. The preference is around the audience. Looks to me like the vast majority of people would prefer to stay in the whole group and keep the discussion going. So I think that's what we'll do. And we will share notes so people can certainly follow-up with individuals who have similar types of activities after the call today.

All right.

>> Sarah, this is Derrick. I was curious for those who were targeting the direct service providers and it seems to be a theme that is consistent across many states, what type of activities were they thinking about in terms of, you know, educating that or encouraging or, you know, trying to promote more of those individuals to get vaccinations? Just pose that question for the group.

>> SARAH: Thanks, Derrick. Anyone want to raise their happened or unmute yourself to share your strategies for outreach to DSPs?

>> We were just going -- we were going to ask the service providers to let the DSPs know that (breaking audio) if they bring a person with a disability to a vaccine clinic and (faint audio) you know a lot of money. (Breaking audio).

>> SARAH: I don't know if people could hear Alan. What I heard was that you're going to be offering gift cards and asking the agencies to let their staff know if they bring in a person with a disability to get vaccinated, they can get vaccinated at the same time and get a gift card. It's not a huge amount of money for the gift cards but promoting -- it's a little extra incentive is what I heard.

>> This is Joann again. The agencies, especially the care coordinating agencies were asking if we could come in with, I'm going to say leaders that might relate to the staff. So we're trying to identify leaders within the field. Physicians as well as staff within agencies that people would trust and give a talk to try to look at some of their -- basically explore some of their thoughts on why they may need reluctant to get a vaccine. And really it's really on the ground discussion with people and trying to look at some of the misconceptions that are out there and trying to debunk some of the myths that people might have. But there are a lot of cultural issues going on. So we were also thinking of addressing these topics through, you know, various radio stations that might have conversations with different cultural groups, Hispanic radio stations, our local like radio station we have Bronx net, you know, we have a lot of different contacts. But it's really getting, giving people the opportunity to talk about their fears and concerns. For people that are reluctant, it may be hard to move them off that position. And we have to respect ultimately what their thoughts are. But you know, you really need to have credibility presenters that people trust. To do this.

>> Who is going to share, and some of you have mentioned this as well, but our DD Council developed some plain language materials that they're disseminating and that we're going to share as well. And then some very short videos. So that the information can be disseminated in a way that it's easily accessible.

>> And we're doing like PSAs, so short, 30-second-type of things with people interviewed, working with Special Olympics so, that we can get athletes to talk about, you know, their thoughts on the vaccine and why they got it. So you know, there's so many different ways that you can reach people in different stages of life that would be, you know, would want to hear some of these public service announcements.

>> SARAH: One from Temple that they found social stories to be helpful. And that their DD Council is work on a musical, song version of PSAs or information dissemination. There was also a question posed about how people who are working in kind of the evaluation side of things are collecting data about hesitancy. And the extent that people with disabilities are getting vaccinated. And I saw a chat about that from Mark Smith earlier. That Nebraska is working on a piece to evaluate the direct impact of public awareness activities. I don't know if Mark you wanted to add details or if anyone else wants to share. About your evaluation elements.

>> Well, I can just briefly share, Sarah, that it's an issue that we're working within state with our DD Partners as well as our ADRC and some other stakeholder representatives. And that is been an ongoing discussion. Some of the partners are really kind of staying in the lane of just monitoring. So they'll have direct data coming back from their monitoring activities. But when we, for example, do billboards or social media or distribute fliers at events, you know, the idea of the type of impact and the frequency of impact in terms of our reporting back are to ACL is something we're kind of grappling with. I think we'll get there, but some of that we're -- we have different players who are doing different things. We're in pretty good shape in terms of, you know, evaluation components. In fact, we may be the ones who wind up being the evaluators for, you know, some of the other entities like the AVRCs also getting funds through this project. But it's still, you know, when we look at -- we had a recommendation from somebody on doing digital billboards and it's like, how do you get direct impact from that? Another than well, you know, we know that we have more people with disabilities getting vaccinated by just the broad numbers coming back from our county health folks. If other folks have ideas, I would love to hear them. And the room goes silent. I'm being facetious.

>> Pennsylvania, yeah, they have the same question. They haven't gotten an answer. A lot of people are shaking their heads yeah.

>> It sounds like you're thinking about it. So you can let us all know how to do it once you get there.

>> Sarah and I talk all the time. So -- but I know she'll know.

>> Beth says our partners in this endeavor want us to take the lead in data collection. We would like to take the opportunity to ask about present issues, but you also more broadly at the impact of the pandemic on their lives. I got, let's see, any other question, sounds like we don't have any answers to some of the questions that have come up around evaluating some of them. Mass market interventions.

>> I'm going to ask one more question and then I'm not going to ask any more questions.

>> SARAH: I love your questions. I love your question, Derrick.

>> For those of you doing the PSAs, who are you partnering with to do those? And you know, I know we talked about reaching different audiences so I'm sure you're going to have a diverse mix of people, people with lived experiences, people from diverse backgrounds, et cetera. But are there -- is there any, you know, protocol I'm sure that you putting scripts together and everything to help guide those discussions, but who are some of the -- who are you partnering with to do those PSAs on your campuses or in your organizations? Just so I can have a general idea who you use.

>> Well, I can respond to that to a degree, Derrick. We're on a med center campus. So we have a public relations department that's actually quite large and quite well-connected. So we're, you know, the question was always, do we look outside and look for somebody to contract with, or do we just keep it internal and right now we're talking with our internal folks because if I put the word out to our pr folks, I mean, it's across the state that day. So they're pretty efficient. But again, with us working with our disability partners across the State, you know, other folks may have other directions they want to go with that. And it's just, we're having to make decisions on the fly. So that's kind of what we're grappling with at the moment. But at least for now, they have been great to help us get an idea of at least putting like budget justifications together for certain activities. So that's been helpful. But whether we actually go with them as our go-to folks on outreach is something that we'll be making decisions on pretty quickly. But not yet.

>> The discussions we've had is that, again, it's all preliminary right now, but our Sill in Columbia, it has done some really nice PSAs with the folks on screen being people with developmental disabilities so. We're -- and in real professional way. Not that the other ways aren't, but that's the direction we're leaning in right now because they have such good outreach to the communities that we're trying to reach.

>> SARAH: I see in the chat that North Dakota using apparently a local cable company Mid Co to produce for free PSAs if you provide them with the text, they'll turn that into a 30-second commercial. Nina suggests using specific hashtags or other Facebook, you know, handles or social media mechanisms on billboards or PSAs or other mass market advertising that would allow you to track the impact of those specific campaigns. As one way. Thank you, Nina. Any other ideas about PSAs partnerships? And the Indian health service in North Dakota uses health information system called Good Health TV and will post items to their system. Nice way to access the specific community. Thank you for sharing, Lori. Any other questions? Got a lot of great ideas. Really amazed at what you all have put together in a week. A week and a half. Although I know a lot of this is building on existing efforts that you all have been working on for a while. All right. Seeing none, I know you all are very busy. A couple of chats coming in. I don't think new content. Thanks for hosting. A lot of people are hopping off. So we will close out the call for the day. Thank you all for joining us. Good to see you all. Best of luck. If you have questions, reach out to Pam O'Brien, check the website. We will continue to post that event page, everything that we get from ACL that might answer your question, we will post to our website. And I will be, you know, we will be share with the whole LISTSERV, the recording and notes from today's conversation. Happy to schedule additional calls in future if this type of a call is useful. And have a wonderful afternoon. Good to see you. Bye.

(Meeting ended)